

<b>Case Number:</b>	CM14-0093387		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/20/2009
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60-year-old female with an original date of injury of August 20, 2009. The industrial diagnoses include chronic low back pain, lumbar sprain, and knee sprain. The disputed issues are requests for Norco and Xanax. A utilization review determination on June 3, 2014 had non-certified these requests. The rationale for the non-certification of Norco was that "there is no documentation of increasing function or decrease in pain with the use of this medication." The rationale for the denial of Xanax was that there are "insufficient large-scale, long-term references showing the safety and efficacy of the requested prescription in this claimant medical scenario." In both cases, the utilization reviewer had recommended weaning of the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10/325mg, QTY: 150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**Decision rationale:** The most recent progress reports from April, March, and January 2014 were reviewed. There is insufficient documentation of functional benefit and monitoring for aberrant

behaviors, both of which are part of the ongoing monitoring criteria for opiate pain medications. There does not appear to be any search of state narcotic databases or random urine drug testing performed. Given this, this request is not medically necessary. The patient should undergo a trial weaning of this medication.

**Xanax 0.25mg, QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states on page 24 that benzodiazepines are: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005)"The first time the requesting provider authored in his treatment plan a request for Xanax in the recent months appears to be on a progress note dated April 3, 2014. This continues on work in the progress note dated May 1st 2014. There is an indication that this is used to treat the patient's anxiety. However, long-term use of benzodiazepines is not recommended. This may be acceptable in the context of a comprehensive anxiety pharmacologic management program. The patient appears to require Xanax on average once a day for a 30 day period. Therefore, there should be consideration of other factors such as cognitive behavioral therapy or prophylactic anxiety medications such as an SSRI. Merely continuing Xanax on an as needed basis is not appropriate and this is not medically necessary.